



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

ELITE HEALTHCARE FORT WORTH

Respondent Name

AMERICAN ZURICH INSURANCE CO

MFDR Tracking Number

M4-14-1535-01

Carrier's Austin Representative

BOX NUMBER: 19

MFDR Date Received

JANUARY 28, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "This claim was sent in for reconsideration after being denied the first time. On both denials there isn't an [sic] explanations on why this claim is being denied. I have provided a print screen shot of patient's account to show that all claims before this date of service and some after have been paid in full."

Amount in Dispute: \$131.39

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Requestor's documentation does not demonstrate that the disputed services were treatment for conditions related to the accepted cervical strain and head contusion. Rather, the treatment relate to the disputed conditions, disc protrusions at C5-6, C6-7 and C7-T1. Accordingly, this request should be dismissed pursuant to 28 TAC 133.307(f), which requires dismissal if 'the request contains an unresolved compensability, extent of injury, or liability dispute for the claim.' Carrier asserts it has properly denied the services in questing..."

Response Submitted by: FLAHIVE, OGDEN & LATSON

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 22, 2013	CPT Code 99213-25	\$116.39	\$116.39
August 22, 2013	CPT Code 99080-73	\$15.00	\$15.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for E/M services.
3. 28 Texas Administrative Code §129.5 sets out the procedures for filing a Work Status Report.

The services in dispute were reduced/denied by the respondent with the following reason codes:

- W1 – Workers’ Compensation Jurisdictional Fee Schedule Adjustment.

Issues

1. Did the requestor meet the requirements of 28 Texas Administrative Code §134.203?
2. Did the requestor meet the requirements of 28 Texas Administrative Code §129.5
3. Is the requestor entitled to reimbursement?

Findings

1. 28 Texas Administrative Code §134.203(b)(1) states, in pertinent part, “for coding, billing reporting, and reimbursement of professional medical services, Texas Workers’ Compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; ... and other payment policies in effect on the date a service is provided...” Review of the submitted documentation finds that the requestor performed an office visit for the evaluation and management of an established patient. The American Medical Association (AMA) CPT code description for 99213 is:

Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; an expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

The 1997 Documentation Guidelines for Evaluation & Management Services is the applicable Medicare policy. It describes the documentation requirements for the service in dispute. Review of the documentation finds the following:

- Documentation of the Expanded Problem Focused History
 - History of Present Illness (HPI) consists of one to three elements of the HPI. Documentation found listed two chronic conditions, thus this component was met.
 - Review of Systems (ROS) inquires about the system directly related to the problem(s) identified in the HPI. Documentation found listed one system. This component was met.
 - Past Family, and/or Social History (PFSH) are not applicable.
- Documentation of a Expanded Problem Focused Examination:
 - Requires limited examination of the affected body area or organ system. The documentation found examination of two systems: musculoskeletal and neck. This component was met.

Review of the documentation finds the level of office visit was sufficiently documented; therefore, reimbursement is recommended.

The requestor attached modifier -25 to CPT Code 99213. Modifier -25 is defined as “Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service.” Review of the office visit note finds insufficient documentation to support the use of the modifier. The division concludes that the documentation does not support the use of the -25 modifier.

2. Per 28 Texas Administrative Code §129.5(d)(2) the doctor shall file the Work Status Report when the employee experiences a change in work status or substantial change in activity restrictions... The respondent denied this service using denial code W1 – “Workers’ Compensation Jurisdictional Fee Schedule Adjustment”; however no documentation was submitted to support the requestor not being reimbursed. Therefore, reimbursement of \$15.00, in accordance with 28 Texas Administrative Code §129.5(i), is recommended.
3. For the reasons stated above, the services in dispute support the level of service billed and reimbursement in the amount of \$131.39 is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that reimbursement is due. As a result, the amount ordered is \$131.39.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$131.39 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

_____ Signature	_____ Medical Fee Dispute Resolution Officer	_____ June 30, 2014 Date
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YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.